| STATE   | OFFICE US                             | OFFICE USE O                              |  |                       |
|---|---------------------------------------|---|--|-----------------------|
| Name and Address of Committee     Name and C |                                       | 2. Date of this Statement                 | 704                                    | _                     |
| United Ballot   |                                       | 9/2/14                                    | S/O                                    | 140                   |
| P.O. Box 2215   |                                       | 3. Estimated Membership                   | 9/5                                    | 05                    |
| Lalayette, 70502  |                                       | 4. Amended Statement?                     | #89601                                 | 231                   |
| New Committee   | Monthly Filer                         | YesNo                                     | #1492                                  |                       |
| 5. All Committee Officers and Direct  | ors (including Chairperson, T         | Freasurer, if any, and any other commit   | ttee officers and directors)           | ı                     |
| christopher William   |                                       | c. Address<br>113 Alfred                  | Street Lafayet                         | L, 47050              |
|   | Treasurer                             |   |  |                       |
| Affiliated Organizations     (Any organization, other than a po   | olitical committee, which dire        | ctly or indirectly established, administe | ers, or financially supports this comr | nittee.)              |
| a. <u>Name</u>  | b. Address                            |   | c. Relationship to Committee           |                       |
|   |                                       |   | · · · · · · · · · · · · · · · · · · ·  |                       |
| 7. All Depositories for Committee Fu  | inds (committee funds must            | be deposited in one or more banks or s    | savings and loan institutions or mor   | ney market mutual     |
| funds.)<br>a. <u>Name</u>   | b. <u>Address</u>                     |   | ŕ                                      |                       |
| 1   |                                       |   | e Ag                                   |                       |
|   | · · · · · · · · · · · · · · · · · · · | NO Sight Carriagio                        | <u> </u>                               | ユ                     |
| 8. IF THIS COMMITTEE SUPPORT  | S A SINGLE CANDIDATE:                 | a. Check one: Principal (                 | Campaign CommitteeSi                   | ubsidiary Committee   |
| b. Name of Candidate  |                                       |   | c. Office Sought by the Ca             | andidate              |
| 9. a. Name of Person Preparing Re   | port                                  |   |  |                       |
| b. Daytime Telephone  |                                       |   | 5                                      |                       |
| 10. WE HEREBY CERTIFY that the and belief.  This day of   | imber ;                               | STATEMENT OF ORGANIZATION IS I            | true and correct to the best of our kr | nowledge, information |
| Signature of Committee  | ee Chairperson                        |   | 337 233 - 8  Daytime Telephone Number  | 924                   |
|   |                                       |   |  |                       |
| Signature of Committee  | e Treasurer, if any                   | · · · · · · · · · · · · · · · · · · ·     | Daytime Telephone Number               |                       |

Form 200, Rev. 12/03